

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mr</i>	<i>67614</i>	<i>5/25/55</i>
O.I.P.E. CLASSIFIER		<i>69300</i>	
FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	1	
2	✓	2	
3		3	
4		4	
5		5	
6		6	
7		7	
8	✓	8	
9	✓	9	
10	✓	10	
11	✓	11	
12		12	
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14		14	
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16		16	
17		17	
18		18	
19	✓	19	
20	✓	20	
21	✓	21	
22	✓	22	
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45	✓	45	
46	✓	46	
47	✓	47	
48	✓	48	
49	✓	49	
50	✓	50	

Claim	Final	Original	Date
51	✓	51	
52	✓	52	
53	✓	53	
54	✓	54	
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57	✓	57	
58	✓	58	
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97	✓	97	
98	✓	98	
99	✓	99	
100	✓	100	

Claim	Final	Original	Date
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150		150	

If more than 150 claims or 10 actions  
staple additional sheet here

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